

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 25 1942

Registration District No. 7-1-3 21 22

Primary Registration District No. 4427

Registrar's No. 18

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MARVIN EDWARD OGLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beulah Ogle 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Dec 10th 1901
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Richland Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business _____

- MOTHER FATHER { 12. Name William Ogle
13. Birthplace Richland Mo
(City, town, or county) (State or foreign country)
14. Maiden name Rosie Duggan
15. Birthplace unknown, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant William Ogle
(b) Address Richland Mo

17. (a) Buried (b) Date thereof 2-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright Cemetery

18. (a) Signature of funeral director R. B. Triple
(b) Address Richland Mo

19. (a) 2-21-42 (b) Charles M. Dodd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pulaski
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17th
year 1942 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec 10 1941 to Feb 17 1942
that I last saw him alive on Feb 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Transverse Colon Duration 1 year

Due to _____

Due to 15

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Tuberculosis of Transverse Colon
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) Means of injury 3
23. Signature Ernest A. Oliver, M.D. (M. D. or other)
Address Richland Date signed 2-17-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Pulaski County Health Officer

File Number 24-2-106

Date Filed 2-24-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.